## DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

## **Provider Inspection Summary**

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

## **Facility Information**

Facility Name: KNAPP PRESTON AFH (0009970)

Address: 2075 PRESTON DR, RICHLAND CENTER, WI 53581

**License Status: REGULAR** 

Licensed/Certified/Registered 01/23/2003

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey	History
Sui ve y	IIISTOI Y

Survey ID: 0095454 End Date: 08/31/2005 Type: STANDARD Purpose: SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0090670 End Date: 07/22/2003 Type: STANDARD Purpose: SURVEY

**Results: STATEMENT OF DEFICIENCY ISSUED** 

Statement of Deficiency: #10007823 Served 07/25/2003

	<u>Compliance</u>			
Deficiencies Cited	Subject Area	<u>Verified</u>	Corrected	
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	08/31/2005	Yes	
88.05(3)(a)	HOME ENVIRONMENT	08/31/2005	Yes	
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	08/31/2005	Yes	
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT	08/31/2005	Yes	

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